

REPORTS INVENTORY						CONTROL NO. <i>DDG/oc-005</i>	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) Foreign TDY Forecast						2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		<input checked="" type="checkbox"/> ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE		COMMUNICATIONS	
4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) Semi-Annual				6. DISTRIBUTION (No. of components not number of copies) 1	
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING YES <input type="checkbox"/> IF YES GIVE ADP PROCESSING NO. NO <input checked="" type="checkbox"/>			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
10. PREPARING COMPONENT (include lowest level contributing information to report) OC-CMS				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-5	\$3.46		.25		.86¢		2 = \$1.72
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$1.72	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. By Direction							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS MAN-HOURS DOLLARS STAT	
16. DATE OF INVENTORY 5 October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Communications Officer				18. EXTENSION	

STAT